

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner



Dannel P. Malloy
Governor
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September 5, 2013

Kevin J. Counihan
Chief Executive Officer
Access Health CT
280 Trumbull Street, 15th Floor
Hartford, CT 06103

Dear Mr. Counihan:

I have reviewed the Health Disparities Institute and partner organization's letter of public comment on the *Draft APCD Policies and Procedures*, including the *Data Submission Guide*. The Department of Public Health's ("DPH") recommendations are as follows.

In general, DPH suggests that each recommendation be fully discussed by the APCD Advisory Committee. While not all public comments need to be taken up by the Committee, this particular set of recommendations should be reviewed because (1) Health equity is a public health priority for Connecticut and (2) These recommendations are made by the state Health Care Advocate and a group of respected leaders in healthcare and public health. In some cases, a feasibility study may need to be completed before a recommendation is adopted.

In principal, many of the recommendations appear reasonable; however, from a practical perspective of implementation, they might not be easily implemented (e.g., "denied claims"). For this reason, each recommendation should be thoroughly discussed as appropriate by the Advisory Committee; and, if adopted by the Exchange, in most or all cases, a realistic timetable should be set for full implementation.

Adoption of any of these recommendations should not result in the delay of the APCD being made available for public use. Hence, it is very important that any recommendations to data collection and reporting procedures, which are adopted by "the Exchange" should be made prospectively. A discussion by the APCD Advisory Council to address each issue raised by the Institute and its partners should be considered at the next meeting.

With respect to the specific subject areas raised in the Institute's letter DPH would like to respond as follows:

Definitions: 1) Denied claims can provide additional information on barriers to access that may result in health inequities. The possibility of collecting denied claims should be explored and a phased-in collection approach adopted without changing the current data submission timetable. 2) Request the Institute and its partners propose a definition for "members" and explore its feasibility.



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Reporting Requirements: The Exchange's plan to have Reporting Entities in contractor/subcontractor arrangements for shared services to coordinate with each other to avoid duplicative submissions is a reasonable and cost-effective approach.

Reporting Entities Data Submission Schedule: Adopt a time bound phased-in approach to collecting race, ethnicity and language from reporting entities that do not currently collect such information. Page 3 of the *Draft APCD Policies and Procedures* states, "As a condition for granting a waiver, the Administrator may require the Reporting Entity requesting a waiver to submit a plan for improving conformance to data submission requirements." The "may" in the sentence should be changed to "shall."

Non-compliance and Penalties: 1) Data audits while useful may be cost prohibitive, especially, considering the size and frequency of data submissions. We need to be careful about imposing restrictions that add cost; "may" provides the Exchange with flexibility to audit the data only when there is persistent evidence of data inconsistency or inaccuracy. 2) Civil penalties process described in the *Draft* conforms to the Uniform Administrative Procedure Act (UAPA), Conn. Gen. Stat. §§ 4-166 to 4-189g and is authorized with a "may" in the enabling statute.

Data Utilization and Disclosure/ Privacy and Confidentiality: Change "may" in "The Exchange may make data available in such form or forms..." to "shall" on page 6 of *Draft*. While there is an intent to adhere to HIPAA, federal and state laws, creating an Institutional Review Board/Human Investigations Committee-like body at the Exchange will facilitate confidential data release.

Data Submission Guide (DSG) Data Elements – Eligibility: Enrollment information for qualified health plans purchased from the Exchange may include health equity data such as race, ethnicity, primary language and disability status; it is not clear how this will be operationalized for non-Exchange group plans without considerable cost to employers.

DSG Data Elements – Claims: The Institute's denial flag and reasons categories seem reasonable if the information exists in that format.

DSG Data Elements – Provider: Provider demographic information, race, ethnicity, primary language and gender may be obtained through licensing; the national billing forms, paper or electronic, do not facilitate collection of this information.

Please feel free to contact me regarding any of the aforementioned items. I can be reached at 860.509.7101 or at Jewel.Mullen@ct.gov

Sincerely,



Jewel Mullen, MD, MPH, MPA
Commissioner
Department of Public Health

C: Deputy Commissioner Lisa Davis
Kimberly Martone, Director of Operations